

Monitoring and Measuring Health Literacy: Creating a Global and Local Vision to Promote Health Literacy for All

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REPUBLIKA SLOVENIJA
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Nacionalni inštitut
za javno zdravje

M-POHL

Action Network on Measuring Population
and Organizational Health Literacy
of WHO-Europe
and Organizational Health Literacy
of WHO-Europe



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Diane Levin-Zamir

Professor at the University of Haifa, School of Public Health, Israel
National Director, Dept. of Health Education and Promotion, Clalit Health Services,
Israel

Chair, National Council on Health Promotion, Israel Ministry of Health
IUHPE Global Working Group on Health Literacy and the International Health Literacy
Association leadership

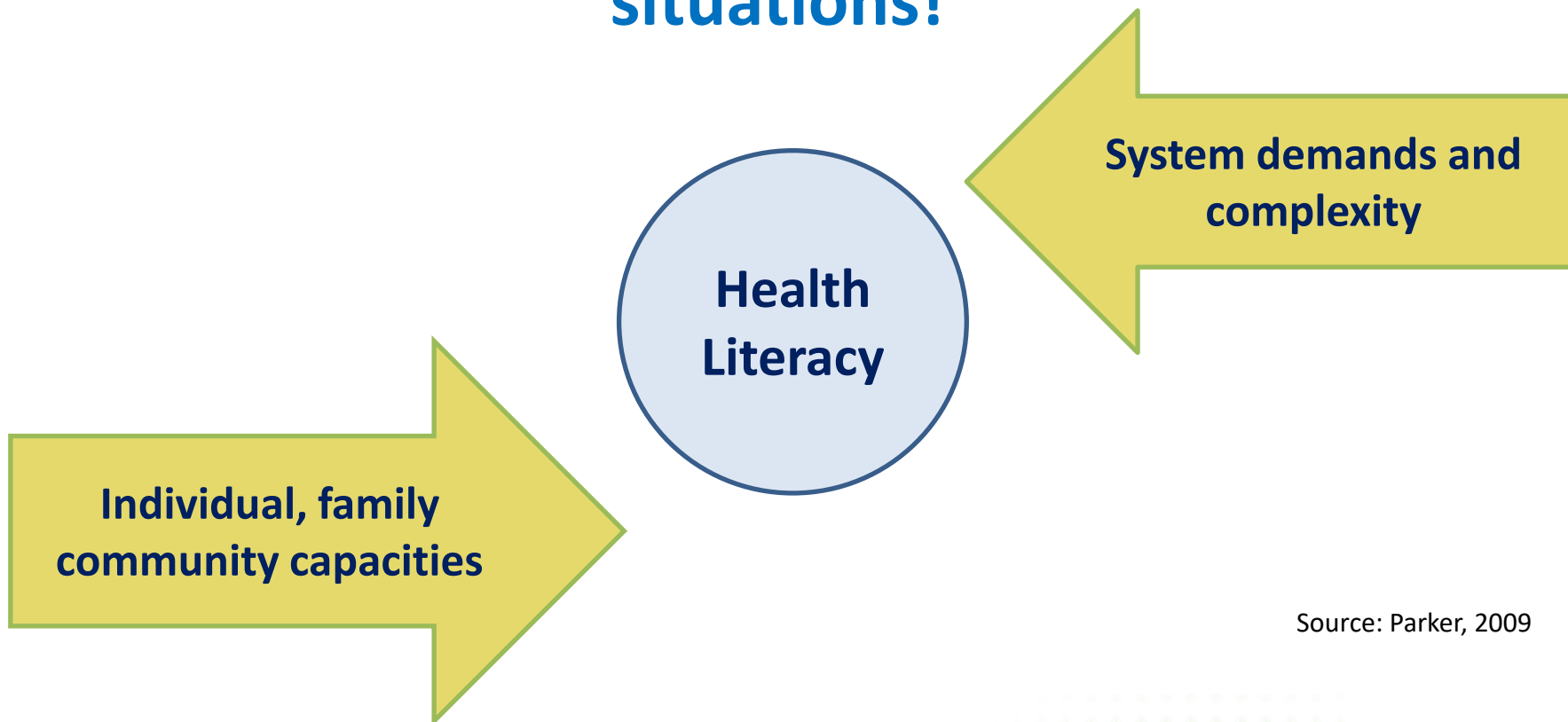
Chair, Advisory Group to the WHO on Behavioral and Cultural Insights
Principal Investigator for the M-POHL's HLS19 National Health Literacy Survey in Israel
Scientific Coordinator – WHO Action Network for M-POHL



Presentation Outline

- Introducing M-POHL - Background and Aims
- Overview of HLS19 Results and their Significance
- Organizational Health Literacy – focusing on hospitals and primary care
- The Vision for future work together – Evidence based policies

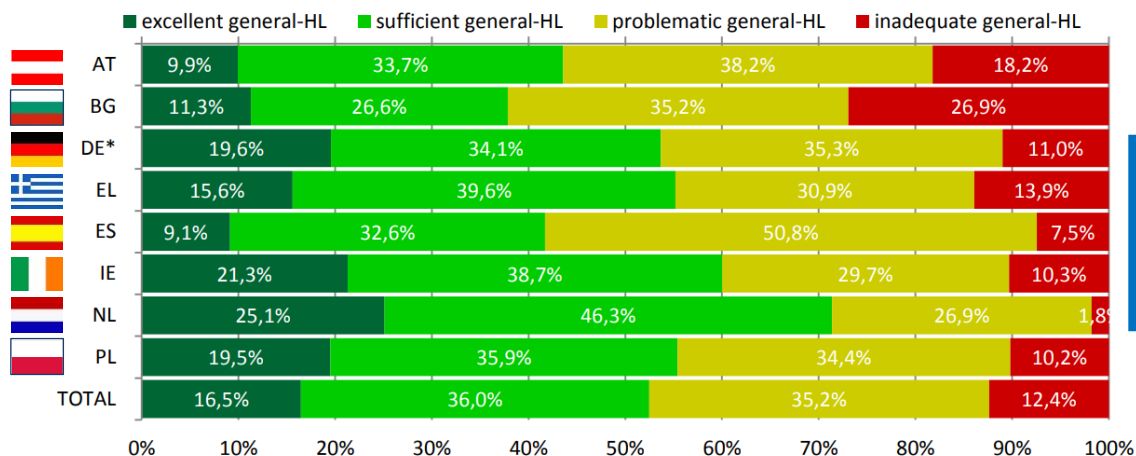
Improving HL requires focusing on people AND situations!



Source: Parker, 2009



The journey began with the HLS-EU project.



AT [N=979] | BG [N=925] | DE (NRW) [N=1045] | EL [N=998] | ES [N=974] | IE [N=959] | NL [N=993] | PL [N=921] | TOTAL [N=7795]

*only NRW

Figure 13: Percentages of General Health Literacy Levels Thresholds for Countries and Total

HLS-EU follow-up studies:

- Albania
- Belgium
- Czech Republic
- Germany
- Hungary
- Israel
- Italy
- Kazakhstan
- Lithuania
- Norway
- Portugal
- Switzerland
- Turkey

Σ
20

HLS-EU CONSORTIUM (2012): COMPARATIVE REPORT OF HEALTH LITERACY IN EIGHT EU MEMBER STATES. THE EUROPEAN HEALTH LITERACY SURVEY HLS-EU (SECOND REVISED AND EXTENDED VERSION, JULY 22TH , 2014)


























WHO Action Network on Measuring Population and Organizational Health Literacy (M-POHL)





M-POHL
Action Network on Measuring Population
and Organizational Health Literacy
of WHO-Europe

- » Initiated by the German speaking countries, especially AT, CH, DE, which put HL again on the political agenda
- » Founded in 2/2018 under the umbrella of WHO´s European Health Information Initiative (EHII)
- » The **aims of M-POHL**: Support better HL by ...
 - » strengthening collaboration **between research and policy**,
 - » addressing **personal HL** of **general population** and of **patients**
 - » institutionalizing regular, high-quality internationally comparative **population HL** surveys,
 - » addressing **HL-friendliness** of **systems** and **organizations**
 - » supporting collection and analysis of data on **organizational HL** (HL-friendly structures and processes)
 - » fostering **evidence-informed policy and practice**
- » **HLS₁₉** is the first project of M-POHL



M-POHL members and observers in the WHO European Region

Members		
 Austria	 Italy	 Turkey
 Belgium	 Kazakhstan	 Ukraine
 Bulgaria	 Netherlands	 United Kingdom
 Czech Republic	 Norway	
 Denmark	 Portugal	 
 France	 Russian Federation	
 Germany	 Slovakia	
 Hungary	 Slovenia	
 Ireland	 Spain	
 Israel	 Switzerland	

Observers	
	Azerbaijan
	Greece
	Moldova
	Serbia
+ Asian countries	

M-POHL members who participated in HLS₁₉

Members		
Austria	Italy	Turkey
Belgium	Kazakhstan	Ukraine
Bulgaria	Netherlands	United Kingdom
Czech Republic	Norway	
Denmark	Portugal	
France	Russian Federation	
Germany	Slovakia	
Hungary	Slovenia	
Ireland	Spain	
Israel	Switzerland	

part of HLS₁₉
HLS carried out before

HLS₁₉ – Health Literacy Population Survey 2019-2021

Survey design

- National cross-sectional surveys
- Resident population 18+
- Probability samples 1,000+
- Data collection between 11/2019 and 06/2021 by national agencies
- PAPI/CAPI, CATI, CAWI or mixed modes

Instruments

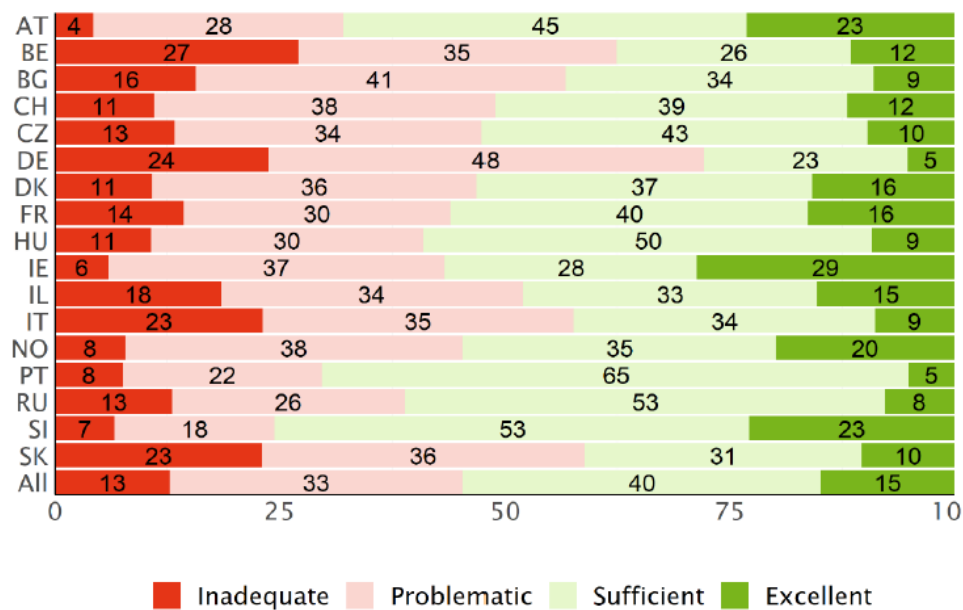
- HLS₁₉-Q12/HLS₁₉-Q47 for general HL
- Optional packages on digital HL, communicative HL, navigational HL, vaccination HL
- Health behaviour, health status, health care use, socio-demographics

Country	Languages	Type of data collection	Sampling procedure	Period of data collection	Valid responses
Austria	German	CATI	Multi-stage random sampling	03/2020-05/2020	2,967
Belgium	Dutch, French	CAWI	Quota sampling	01/2020-02/2020 and 10/2020	1,000
Bulgaria	Bulgarian	CAPI, CAWI	Proportional stratified sampling and random quota sampling	08/2020-11/2020 and 04/2021-06/2021	865
Czech Republic	Czech	CATI, CAWI	Random digital procedure and random quota sampling	11/2020	1,599
Denmark	Danish	CAWI	Multi-stage random sampling	12/2020-02/2021	3,602
France	French	CAWI	Quota sampling	05/2020-06/2020 and 01/2021	2,003
Germany	German	PAPI	Multi-stage random and quota sampling	12/2019-01/2020	2,143
Hungary	Hungarian	CATI	Multi-stage random sampling	12/2020	1,195
Ireland	English	CATI	Random digit dialing approach	07/2020-12/2020	4,487
Israel	Hebrew, Arab, Russian	CATI, CAWI	Multi-stage random sampling	12/2020-01/2021	1,315
Italy	Italian	CATI, CAWI	Proportional stratified sampling	04/2021-05/2021	3,500
Norway	Norwegian	CATI	Random sampling procedure within each stratum	04/2020-05/2020	2,855
Portugal	Portuguese	CATI	Random stratified sampling	12/2020-01/2021	1,247
Russian Federation	Russian	PAPI	Multi-stage random sampling	11/2019-12/2019	5,660
Slovakia	Slovak	CAPI	Multi-stage random sampling	06/2020-09/2020	2,145
Slovenia	Slovenian	CAPI, paper-and-pencil, CAWI	Multi-stage random sampling	03/2020 and 06/2020-08/2020	3,360
Switzerland	French, German, Italian	CAWI	Multi-stage random sampling	03/2020-04/2020	2,502

HLS₁₉: General Health Literacy

Figure 5.4:

Percentage of respondents by categorical level of General HL as measured by the HLS₁₉-Q12, for each country and the mean for all countries

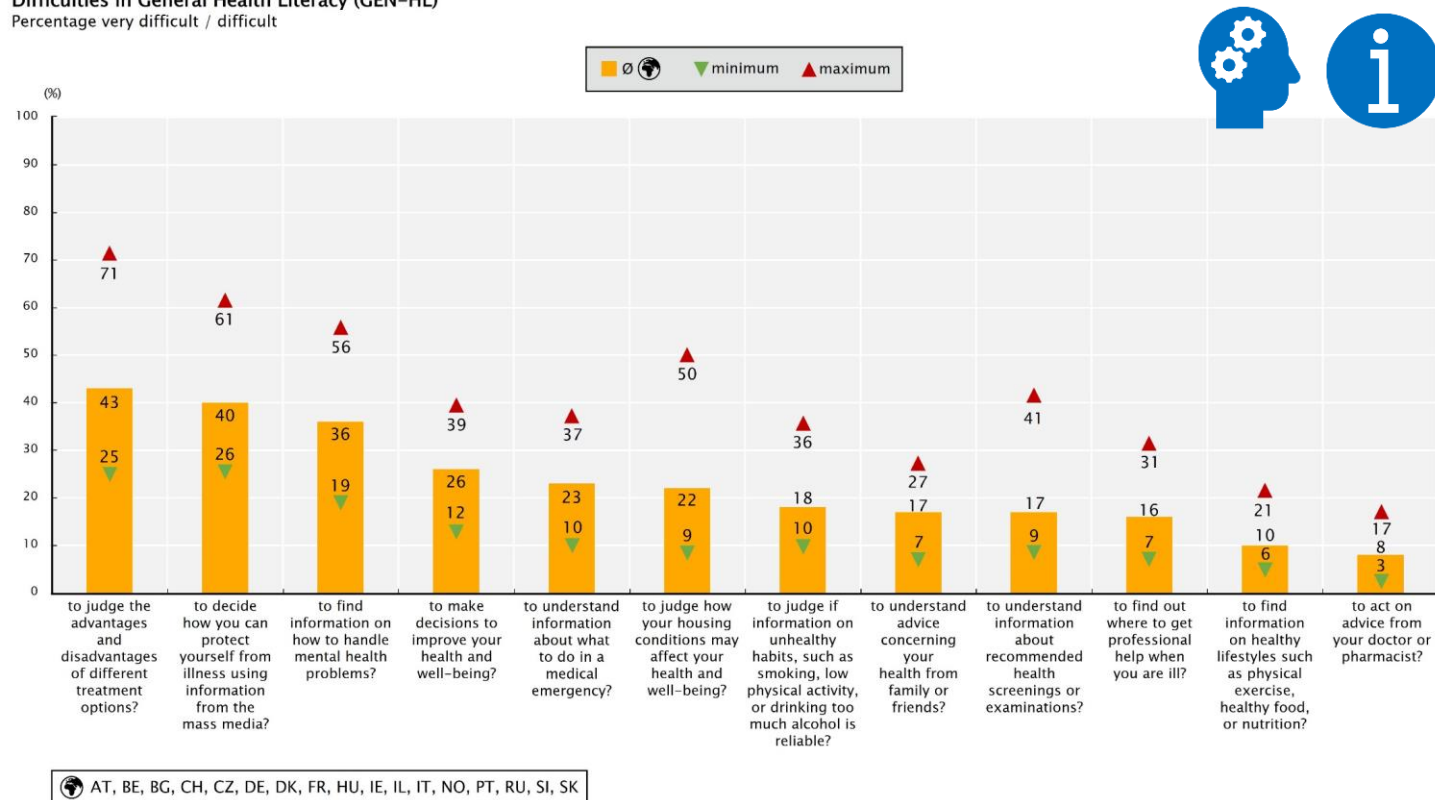


Source: HLS₁₉ Consortium

The HLS₁₉ Consortium of the WHO Action Network M-POHL (2021): International Report on the Methodology, Results, and Recommendations of the European Health Literacy Population Survey 2019-2021 (HLS₁₉) of M-POHL. Austrian National Public Health Institute, Vienna

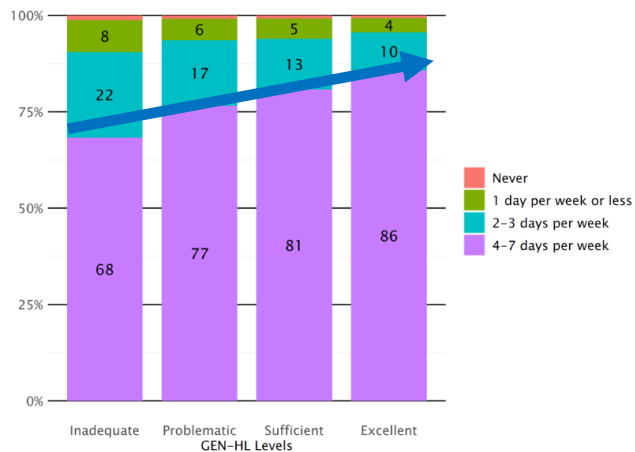
HLS19: General Health Literacy

Difficulties in General Health Literacy (GEN-HL)
Percentage very difficult / difficult

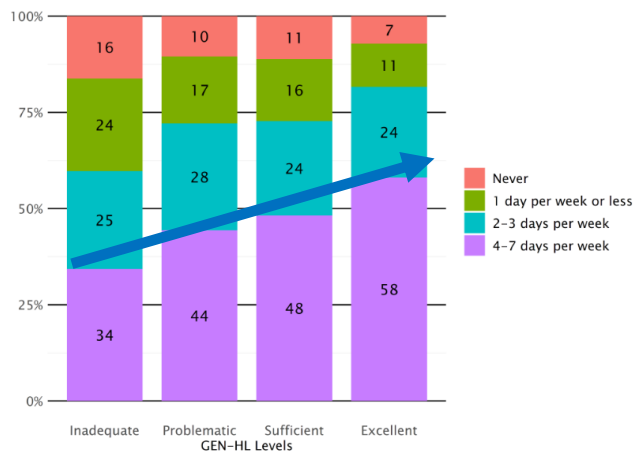


Health Literacy makes a difference – Health behaviour

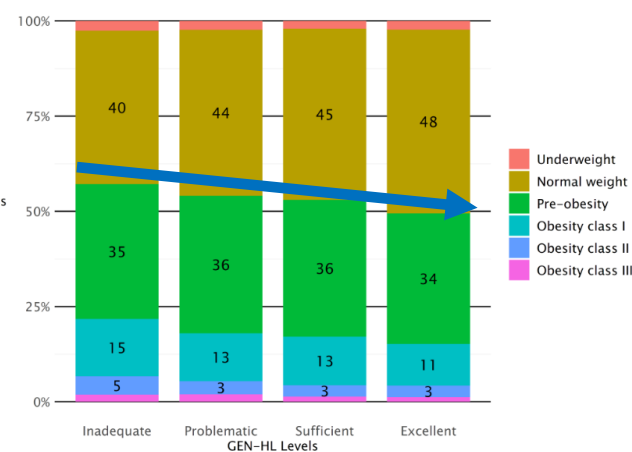
Fruit und vegetable consumption



Physical activity



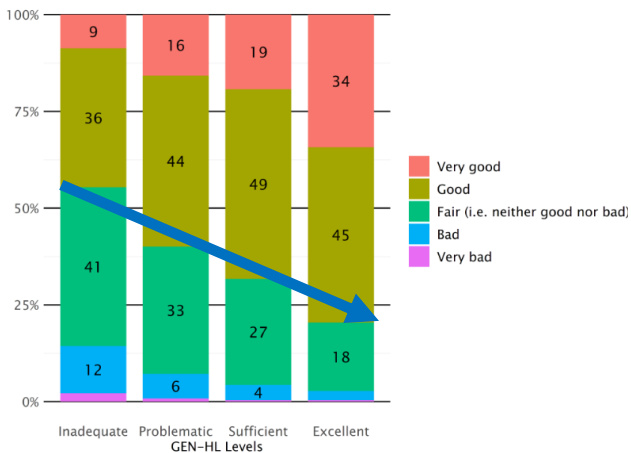
Obesity



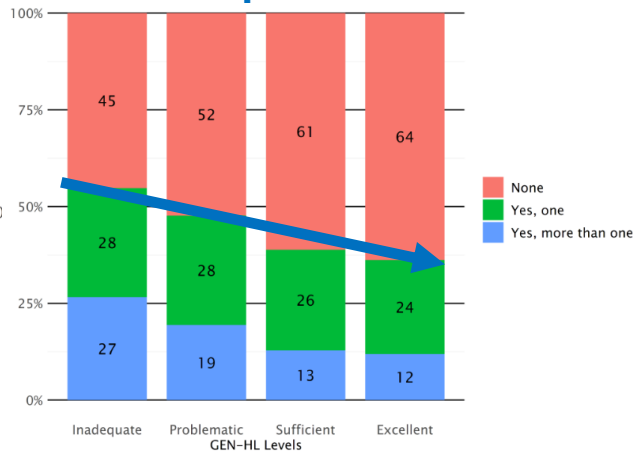
Source: HLS₁₉ 12

Health Literacy makes a difference – Health

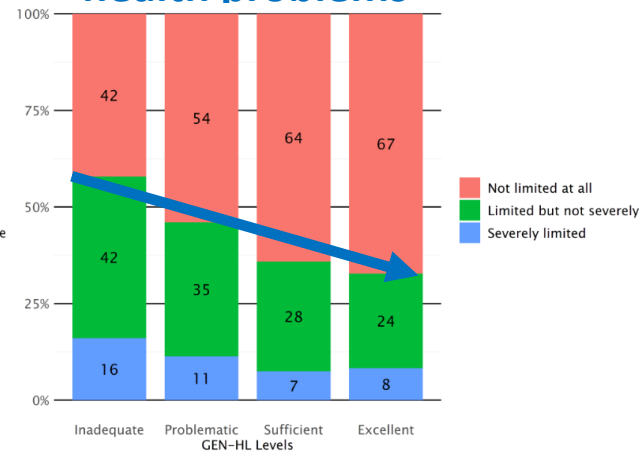
Self-rated health



Long-term illnesses/ health problems



Limitations due to health problems

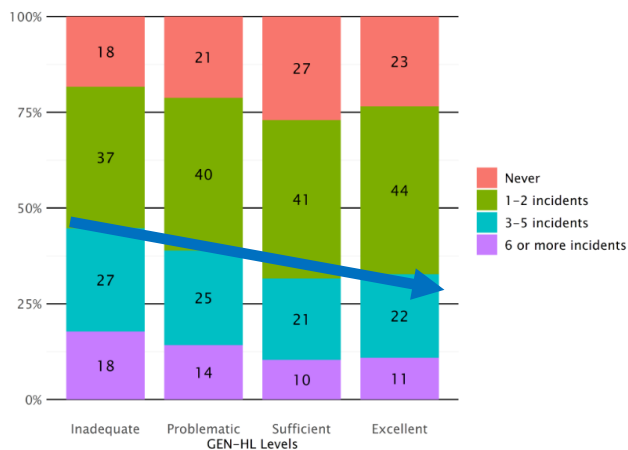


Source: HLS₁₉

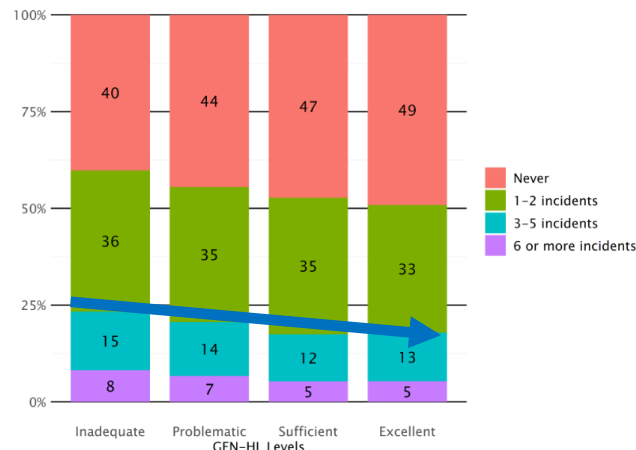
13

Health Literacy makes a difference – Health care utilization

GPs/family doctors



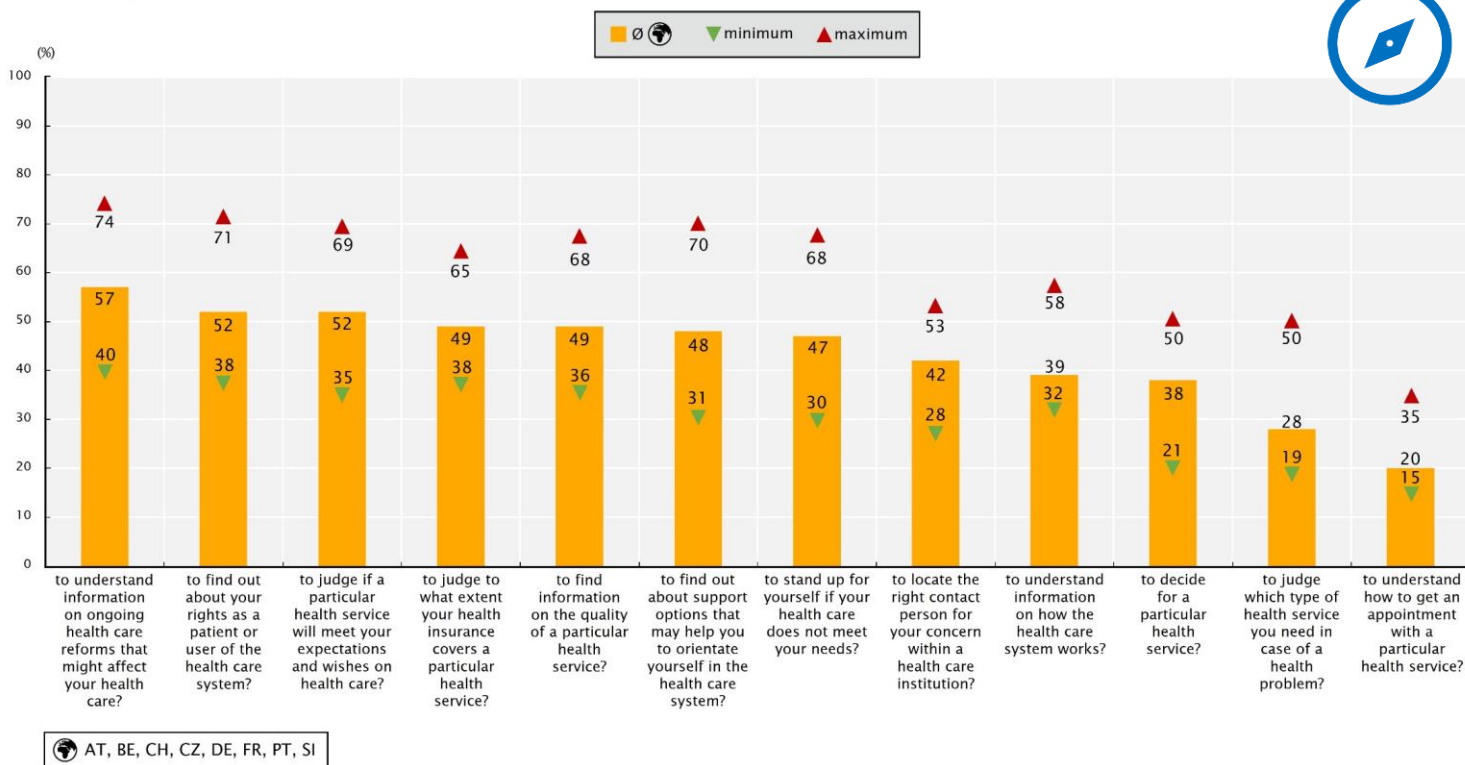
Specialists



Source: HLS₁₉ 14

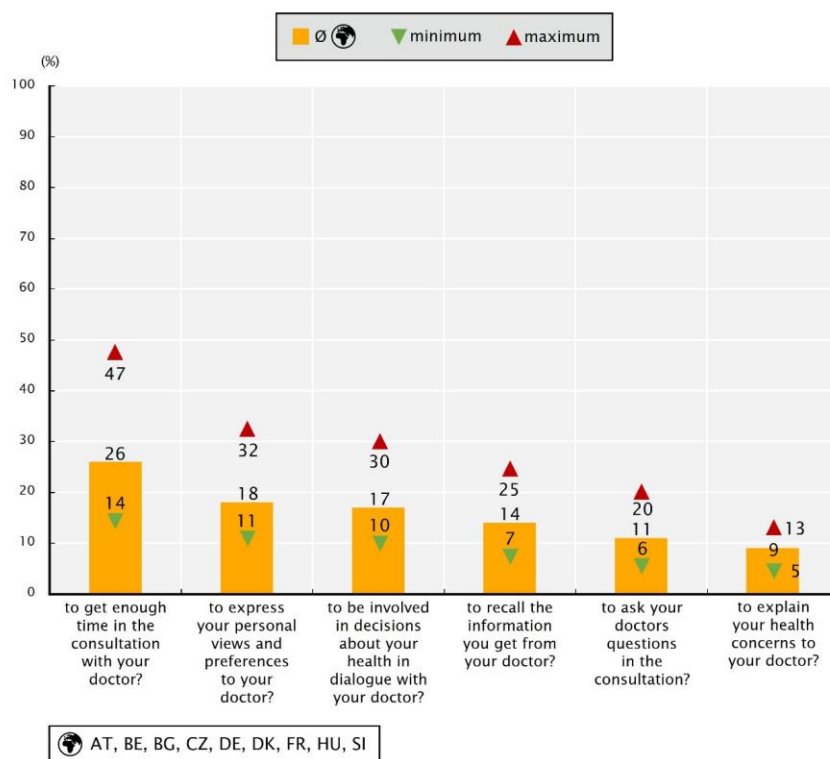
HLS19: Navigational Health Literacy

Difficulties in Navigational Health Literacy (NAV-HL)
Percentage very difficult / difficult



HLS19: Communicative Health Literacy

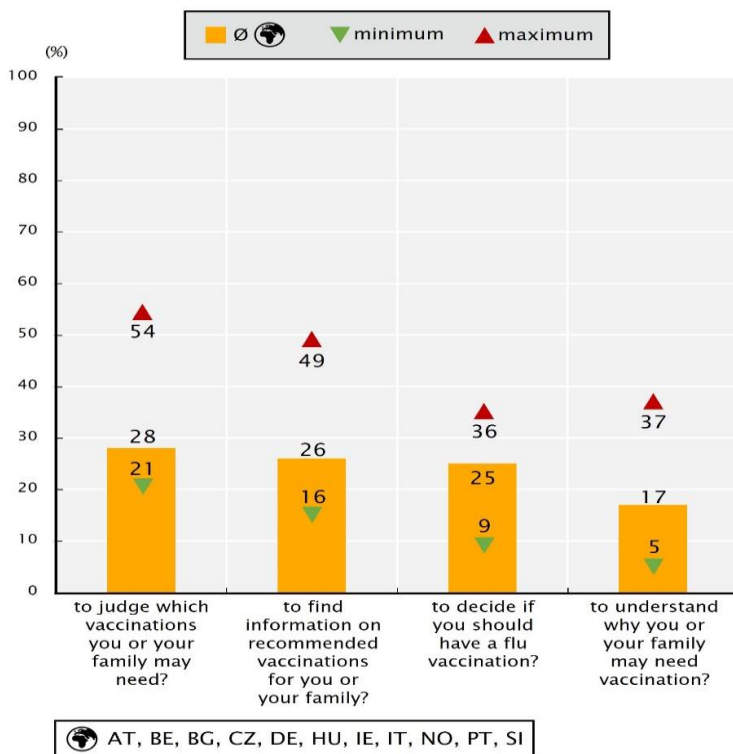
Difficulties in Communicative Health Literacy (COM-HL)
Percentage very difficult / difficult



HLS19: Vaccination Health Literacy



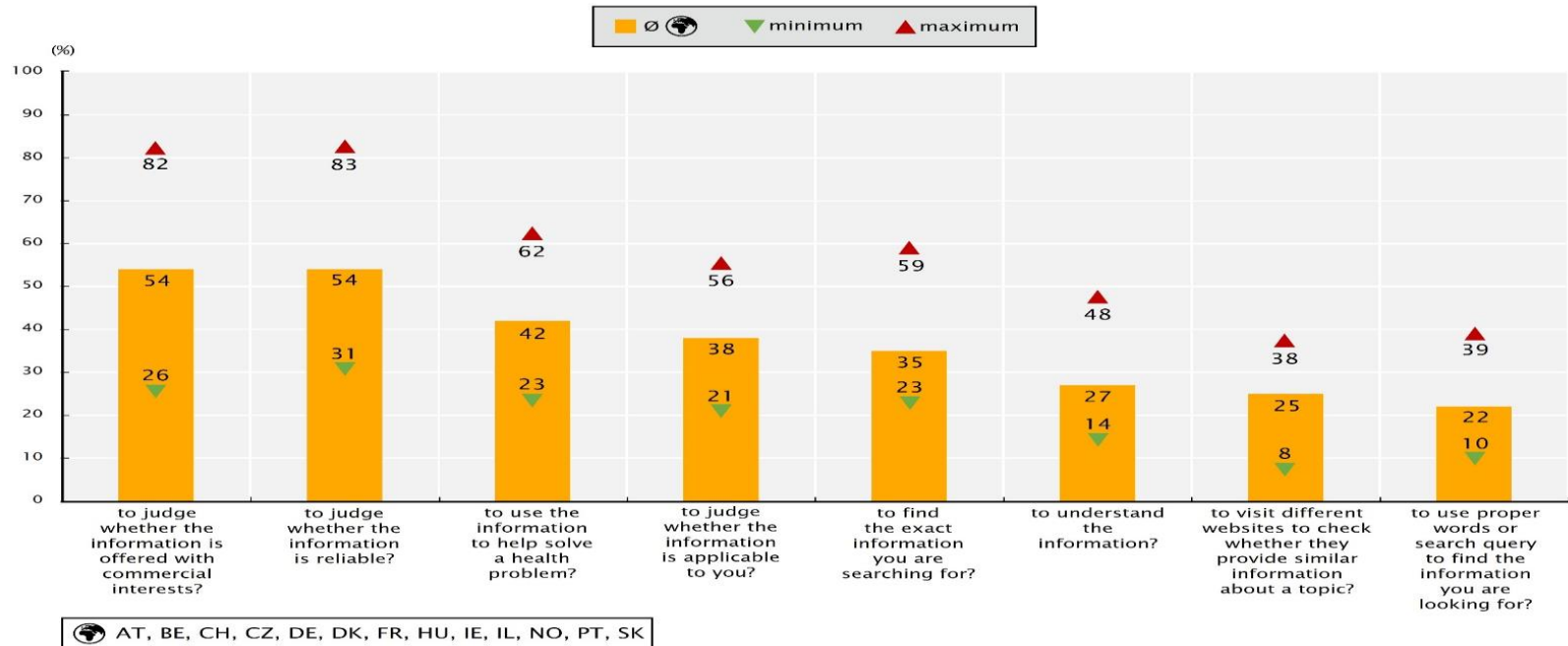
Difficulties in Vaccination Health Literacy (VAC-HL)
Percentage very difficult / difficult



HLS19: Digital Health Literacy



Difficulties in Digital Health Literacy (DIGI-HL)
Percentage very difficult / difficult



For more information about HLS₁₉

- International Report
- National Reports
- Factsheets on the HLS₁₉ Instruments
- Journal articles

Can be found at the M-POHL homepage:

<https://m-pohl.net/Results>

International Report
on the Methodology, Results, and
Recommendations of the European
Health Literacy Population Survey
2019–2021 (HLS₁₉) of M-POHL

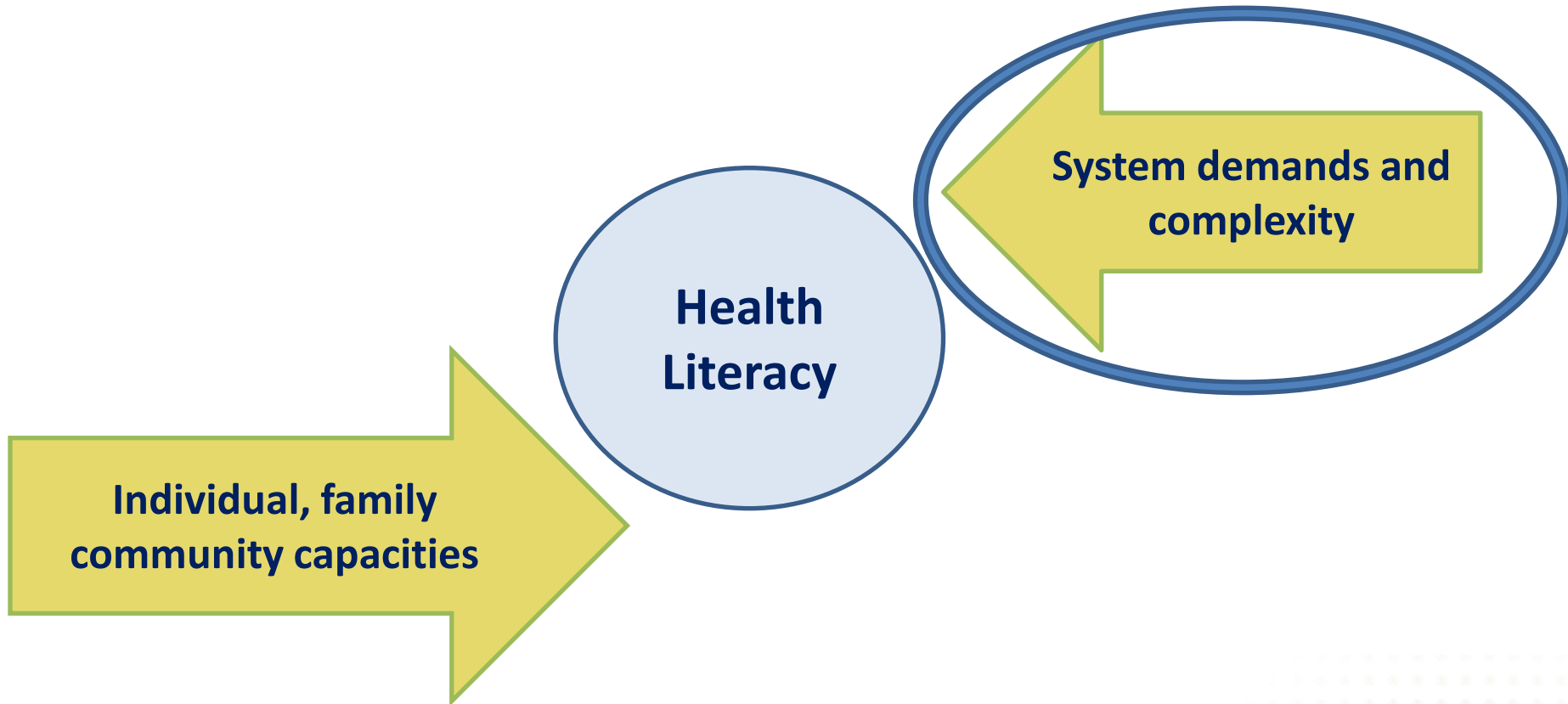
Report

The HLS₁₉ Consortium of the WHO Action Network M-POHL

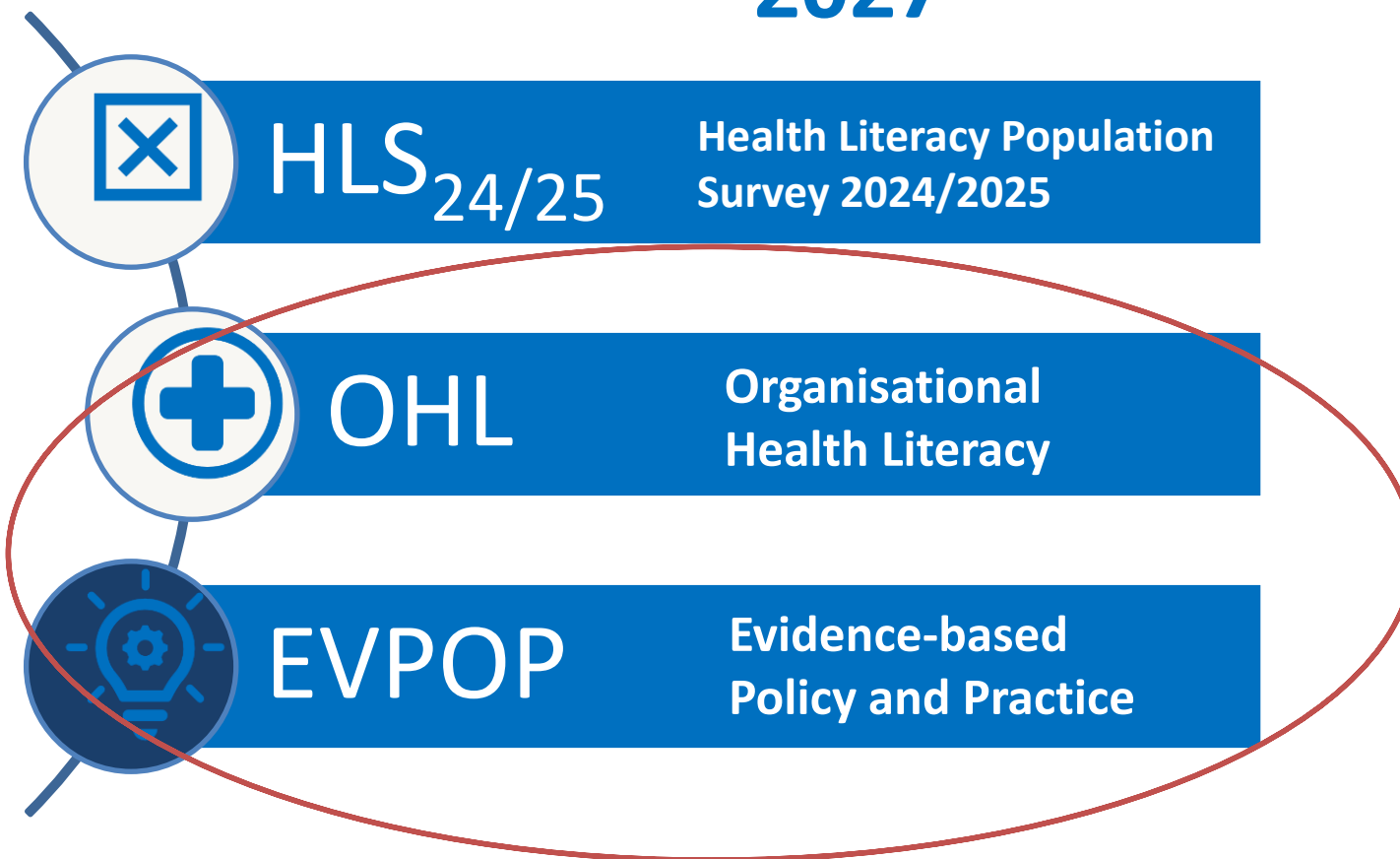
What did we learn?

For nearly all of the countries:

- there is a **distinct social gradient**
- the challenges focus on **judging and appraising** the information and resources
- Highlights the need for supporting **critical health literacy and policies** that are health literacy sensitive and responsive



Our vision for the next steps - M-POHL 2023-2027



Organizational health literacy – hospitals & primary care

Operational Definition

“the degree to which hospitals/primary care organizations **equitably enable/empower people, through organizational structures, policies and processes,** to find, understand, appraise and use information and services to inform health-related decisions and actions for themselves and others”

Organizational health literacy in hospitals/primary care: Objectives

- To translate and culturally adapt the English version of the generic OHL self-assessment tools in as many languages as possible & to pilot the tools in at least one hospital/primary care org. in each language and country.
- To collect, analyze, and interpret the different national experiences and data in an international research report, with recommendations for improving the generic international tool, and for future dissemination and research.
- To publish one peer reviewed article based on the international report. To support peer re-viewed articles on national translation, cultural adaption, and piloting.

Domains of a Health Literate Friendly health care

- Provides easy access to primary care/hospital services and facilitates navigation
- Communicates in clear language
- Promotes health literacy of users/patients
- Promotes active role and self-management of users
- Promotes health literacy (*skills*) of staff
- Promotes digital health literacy
- Incorporates health literacy into the management and organizational structure
- Promotes health literacy at care interfaces, networks and further activities of the organization

Policy support for health literacy

- Prepares the workforce by adapting curricula for formative and continuous professional education
- Includes HL indicators and criteria into accreditation schemes for organizations and professionals
- Includes HL indicators into national monitoring systems, such as health system performance assessment tools
- Adapts legal frameworks, for example, by including interventions to support HL into the professional tasks of healthcare staff
- Adopts funding frameworks, for example by remunerating quality communication with patients and clients

Current and future global challenges for health literacy



Aging populations worldwide



Digital Divide or Digital Development throughout the life course?



Digital Health Literacy as an Asset

Social media for adolescents



Journal of Adolescent Health
Volume 68, Issue 5, May 2021, Pages 863-868



Original article

Shelter in Place, Connect Online: Trending TikTok Content During the Early Days of the U.S. COVID-19 Pandemic

Zoya Unni ^a, Emily Weinstein Ed.D. ^b  

“Yet, TikToks during the pandemic period perhaps most often connect to another previously undocumented use goal: a digital search for common humanity in seeing difficult experiences as part of a larger human experience.”



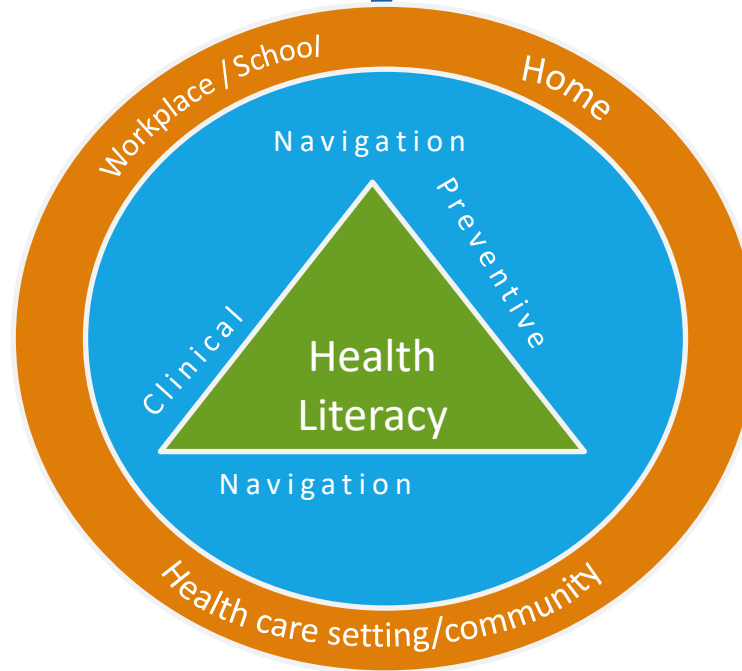


“Literacy is a
bridge from
misery to hope.”

Kofi Annan
Fmr United Nations Secretary-General

Ultimate action..

Health Literacy in All Policies



Hvala Vam !



diamos@zahav.net.il